

QUARTER: 1st _____ Due October 15
 2nd _____ Due January 15
 3rd _____ Due April 15
 4th _____ Due July 31

Send to: Division of Adult Education
 Room 229, State House
 Indianapolis, IN 46204

ADULT EDUCATION FEDERALLY-FUNDED PROGRAMS COVER SHEET FOR QUARTERLY/FINAL REPORTS

Program: _____
 D.O.E. Program Consultant: _____ Date: _____

STAR Diskette: Enclosed _____/Electronically transmitted (date) _____

Report (1 paper copy each)		Yes	No	NA
Quarterly				
	ABE Cumulative Quarterly- i-STAR (2nd, 3rd, & 4th quarter only)	_____	_____	_____
	ABE Cumulative Quarterly Expenditure & Statement of Balance (2nd & 3rd quarter only)	_____	_____	_____
	Coordinating Council Minutes	_____	_____	_____
Due 7/31	<i>Initial</i> Annual Performance Report- i-STAR	_____	_____	_____
Due 8/30	ABE Final Fiscal Report	_____	_____	_____
	ABE Itemization of Local Expenditures	_____	_____	_____
	ABE Final Equipment Inventory	_____	_____	_____
	ABE Institutionalized Adultes Served	_____	_____	_____
Due 11/1	<i>Final</i> Annual Performance Report- i-STAR	_____	_____	_____